

DS State Program Standing Committee

August 15, 2019

Oak Conference Room, Waterbury State Office Complex

Attendees

Committee Members: Rachel Colby, Bethany Drum, David Ballou, Ed Place, Susan Yuan, Mark Utter

Guests: Judy Cookson, Joshua Bertini-Malette, Nancy Breiden, Ben Gallagher, Anne Vernon, Sima Breiterman, Laura McDonald, Scott Broderick

State Employees: Lisa Parro, Clare McFadden, Kristen Murphy, June Bascom

Review Agenda and Meeting Minutes

Introductions were done and the meeting agenda was reviewed. The DS State Program Standing Committee (SPSC) meeting minutes from July 18, 2019 were reviewed. Rachel made a motion to accept the minutes, Mark seconded the motion and the motion was passed.

DDSD Updates

Agency of Human Services (AHS)

The Agency of Human Services (AHS) Secretary left his position in June and the Governor has not yet appointed a new Secretary. Martha Maksym (AHS Deputy Secretary) will be the interim AHS Secretary during the search for a new Secretary. Monica Hutt (DAIL Commissioner) has been moved to the interim AHS Deputy Secretary position; Camille George (DAIL Deputy Commissioner) has moved to the interim DAIL Commissioner position; and Megan Tierney-Ward (Adult Services Division/ASD Director) has moved to the interim DAIL Deputy Commissioner position. Once an AHS Secretary has been hired, everyone will move back to their respective positions. It is unknown as to the status of the search for a Secretary, nor how long this may take.

New Organization, Yellow House

There is a new organization, Yellow House, that purchased property with private funds. The organization was created by two parents who have young adults who have developmental disabilities. It is two group homes in Middlebury with room for 3 people in each; created similarly to how Heartbeet Lifesharing is set up. The homes are located in town to provide walking access to things in the community. The organization has reached out to DAIL to ensure that the way

services are delivered will meet the requirements. They have also reached out to the Counseling Service of Addison County. The home will need to be a licensed by DAIL Licensing and Protection Division.

Input on Conflict of Interest in Case Management

Stage 1 of addressing Conflict of Interest in Case Management in Developmental Disabilities Services was to obtain input about what was working well, what was not working well, where people saw a potential conflict of interest in case management, and input about possible solutions. The State pulled together the information from this input and created some possible solutions.

A State Team, comprised of individuals representing all the HCBS programs (DD, mental health, Choices for Care/CfC, and Traumatic Brain Injury Program/TBI), reviewed the options available and rated them according to the following criteria: CMS compliance, alignment with stakeholder feedback, system disruption, payment reform alignment, timeline to implement, consumer choice/control, administrative complexity, and cost. A rating was done for each program; the information provided at the meeting was based on DD services. Each program may have a different solution. Clare noted that they do not want feedback based on cost, they want feedback based on the best ways to serve individuals.

The rating information and options were handed out to the attendees, and are posted on the website at <https://dvha.vermont.gov/global-commitment-to-health/ds-solutions-for-coi.pdf>

Options:

- 1) State responsible for splitting off case management by contracting with one or more case management providers by a Request for Proposal (RFP). This would require a clear definition of the roles of case managers and program oversight functions within direct service providers. This option would be in full compliance with the rule.
- 2) Designated Agencies responsible for ensuring compliance by splitting off case management and/or ensuring independent agency exists. (This has not been discussed before.) The State would ask the local designated agencies to come up with plan for this. If the plan includes any situation where case management and direct services are provided by the same agency, the State would have to seek approval for an exception to the rule from the federal Centers for Medicare and Medicaid (CMS). An exception requires that there be protections in place to minimize conflicts of interest.

79% of states are already have separate case management. For the remaining states, CMS approval of exceptions has been rare and limited in scope. Even Alaska only received an exception for its northern most counties.

- 3) Expand case management options for consumer choice. There would need to be case management organizations available in all counties. This option proposes to then allow individuals the choice between having an independent case manager or case management within their direct service provider agency. This option would require the state to request

and exception to CMS and we would need protections in place. Less than confident that CMS will find this option acceptable.

4) Status Quo/ Request Exception

- a. Case management and provider functions stay within same provider but be separated;
- b. Have to prove they are the only willing and qualified provider... in the geographic region". This may require us to put out Request for Information or Requests for Proposals to see if there are other providers who are will and qualified to provide case management.
- c. Request to CMS would need to include protections to minimize conflict.

5) Status quo (which is not an option)

Five forums have been scheduled around the state to obtain input on the options. DAIL has sent a flyer about the forums to the designated agencies, the DD Council, Green Mountain Self Advocates, SPSC, DAIL Advisory Board, and ARIS who will be mailing it to all the employers of record. DAIL requested that agencies send it to people in services and their families.

Clare will be creating a webinar that will be posted on the website for those individuals who cannot make it to the forum. The webinar, a feedback form, as well as other information, is posted on the Department of Vermont Health Access (DVHA) website at <https://dvha.vermont.gov/global-commitment-to-health/conflict-of-interest-home-and-community-based-services>

GMSA will assist people who want to prepare for a forum, and the DD Council and agencies are also available to assist.

Due to the limited number of SPSC members at this meeting, the SPSC recommendations will be obtained at a future meetings and input will be gathered today.

The State Team is gathering input from the forums which will be used when submitting the proposal to CMS. An exception to the rules has been rare and very limited.

There has not been a deadline given to come into compliance; however, 2022 is the next time the waiver is to be renewed and Vermont will need to be in compliance at that time or have their plan for compliance accepted by CMS.

The committees' feedback on the options is attached in a separate document.